



**MUST BE RECEIVED BY  
THIS OFFICE TWO WEEKS  
BEFORE THE  
REQUESTED DATE**

**GEORGIA DEPARTMENT OF REVENUE  
ALCOHOL & TOBACCO DIVISION  
P.O. BOX 49728  
ATLANTA, GA 30359  
404-417-4870  
404-417-4871 FAX**

**This form must be typed**

**APPLICATION FOR BEER & WINE RESET / SET**

FROM:

COMPANY NAME:		
ADDRESS:		SUITE NUMBER:
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:

REASON FOR RESET / SET (Please check one):

for marketing purposes, not to exceed one reset per year

a change of ownership of the retail dealer's business

new or remodeled store construction

STORE NAME:	STORE NUMBER:	LICENSE NUMBER:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

TYPE OF RESET / SET:

BEER

WINE

BEER AND WINE

DATE OF LAST RESET / SET:	REQUESTED DATE OF RESET / SET:	TIME OF RESET / SET:
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I understand that once permission is granted, I will furnish written notification to all applicable wholesalers of this reset / set. I also understand that participation in the approved reset / set by wholesalers is entirely optional.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date